

AMENDED MONTANA INDIVIDUAL INCOME TAX RETURN 19____
Fiscal Year Beginning 19____ and Ending 19____
If Fiduciary Return Check Box []

FORM 2X
Rev. 8-98

Attach copy of Original Return

Form with fields: Last Name, Your First Name & Middle Initial, Your Social Security No., Spouse's Last Name if different, Spouse's First Name & Middle Initial, Spouse's Social Security No., Address, City, State, Zip Code +4

Notice: See back for special instructions for tax year 1994

PLEASE EXPLAIN THE CHANGES ON THE BACK OF THIS FORM

Filing Status section with checkboxes for Single, Married filing joint return, Married and both filing separate returns on this form, Married and both filing separate returns on separate forms, Married filing separate return and spouse is not filing, Head of Household

This form must be filled out completely
INCOME AND DEDUCTIONS

- 1. Federal Adjusted Gross Income
2. Additions to income
3. Reduction of income
4. Montana adjusted gross income (1+2-3)
5. Deductions—(itemized or standard)
6. Subtract line 5 from 4
7. Enter exemption deduction
8. Taxable income (subtract line 7 from line 6)

AS FILED or LAST CORRECTED

NET CHANGE

AS AMENDED

Table with 6 columns: COLUMN A for yourself, joint separate or single; COLUMN B (spouse); COLUMN A Increase or Decrease; COLUMN B Increase or Decrease; COLUMN A for yourself, joint separate or single; COLUMN B (spouse). Rows 1-28.

REFUND OR BALANCE DUE

- 29. Total refund(s) received for year amending
30. Subtract line 29 from line 28 and enter result
31. REFUND to be received. If line 30 is more than line 21, enter the difference
32. Amount of line 31 to be credited to 19____ estimated tax
33. TAX DUE. If line 30 is less than line 21, enter difference. Please pay in full
34. Interest computed on amount shown on line 33
35. BALANCE DUE, add line 33 and 34. Please pay in full

Make checks payable to the Department of Revenue
For TAX DUE Mail to: Montana Department of Revenue PO Box 6308 Helena, MT 59604-6308
For REFUND Mail to: Montana Department of Revenue PO Box 6577 Helena, MT 59604-6577

Name, Address, and Telephone Number of Preparer

Post dated checks will be returned

I, the undersigned, declare under the penalties of false swearing, that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is a true, correct, and complete return made in good faith.

Your Signature Date (Daytime) Telephone Number Signature of Spouse Date

INSTRUCTIONS FOR FORM 2X

*4.7% (.047) Surtax applies to 1993

[illegible]

Note: If your original 1994 return was timely filed, the Department may make an adjustment to recalculate the Excess Tax Refund.